

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : JAMES CHYVAN MOORE and ANN MARIE D'AMICO

SERIAL NO. : 10/604,642 ART UNIT: Unassigned

FILED : August 6, 2003 EXAMINER: Unassigned

FOR : CASINO LOW BALL GAME AND

METHOD OF DEALING CARDS THEREIN

TO THE HONORABLE DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE P.O. Box 1450

Alexandria, Virginia 22313-1450

ATTENTION: Commissioner of Patents

## PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE

Dear Sir:

Applicant hereby petitions to make this application special because of the applicant's age. Specifically, I am more than sixty-five years old, having been born on March 18, 1929. A true and correct copy of my birth certificate is attached hereto.

This petition is submitted without any fee as permitted by 37 C.F.R. 1.102(c).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and

STEPHEN C. SWIFT ATTORNEY AT LAW SUITE 600 1800 DIAGONAL ROAD ALEXANDRIA, VA 22314 (703) 418-0000 belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Sincerely yours,

Date\_ Quest 13, 2003

JAMES CHYVAN MOORE 30800 Avenida Del Yermo

Cathedral City, CA 92234

James Chyvan Moore

	1. PLACE OF BIRTH  Registration Dist. No.  Township  or Village  Dist. No.		Registration	Oklahoma State Board of Health			
			Dist. No.				
			Primary BUREAU OF VITAL STATISTICS			ISTICS	
			59 OKLAHOMA CITY, OKLA.  Registered No. 1492				
	or						
توار ا ــ ر ــ و	0%	City of celed No. Street Street					
ئد -	City No Str (If in a hospital or other institution, the name of the same to be gi				and of the street ha	Werd	
		2 FULL NAME OF CHILD James Chyvon Husare					
مز بوز		4. Twins, triplets 5. No. in order			6. Legitimate? 7. Date of		
	s, sex or child	or others.	of birth		birth A		
		(To be answered or	nly in event of plura	births)		nth) (day) (yr.)	
		OFATHER:					
	8. Full Name Facus C Mecri			14. Full maiden name Thory ton			
~,	9. Residence/e/ll/2a		1	15. Residence			
	10. Color of re	1 L	Cle	16. Color or rac	e Wh	the	
	11. Age at last birthday 2/ years.		17. Age at last birthday 20 years				
į	12. Birthplace, at least state or foreign country, if			18. Birthplace, at least state or foreign country, if			
	13. Occupation		knownOFFC				
:	(a) Trade, profession or particular kind of work.		(a) Trade, profession or particular kind of work.				
	(b) General nature of industry, business or other		(b) General nature of industry, business or other				
	establishment in which employed (or employer)			establishment	in which employe	d (or employer)	
	20. Number of children born to this mother, includ-			21. Number of children of this mother now living			
¥		ing present birth			2.		
	_		NDING PHYSICIAN OR MIDWIFE (1)				
	on the date ab	I hereby certify that I attended the birth of this child, who was the live or stillborn at 5 mm.  (Born alive or stillborn)					
1	(1) When ther	e was no attending r	ahveician or mid-	0-		, a	
Wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give name added from supplemental report.  AUG 9 - 1925  Address 370 Med arts						June	
						<del></del>	
						Judg	
	Registrar.  Registrar.  Registrar.  Registrar.  Registrar.  No. 19 19 29  Registrar.  Registrar.  Registrar.  Registrar.  No. 19 19 29  Registrar.						
	Yes Jes	——— No———	ent suver nitrate so.	lution in this infant's	s eye immediately	after its birth?	
		11U	<del></del>				
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State Bepartment of Health

ROGER C. PIRRONG

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STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73152

OMA 73152

CERTIFIED COPY MUST HAVE EMBOSSED SEAL AND RECEIVED RECEIVED TO THE PROPERTY OF THE VALUE OF THE

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Okiahoma City, Okiahoma, this date.

FEB 11 1991